

AUG 30 2004

JC40

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Complete and send this form, together with applicable fee(s), to: Mail

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2590 06/10/2004

 PHILIP S. JOHNSON  
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 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO on the date indicated below.

Jacqueline Pintinics

(Depositor's name)

8/30/04

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY/DOCKET NO.	CONFIRMATION NO.
09/776,658	02/05/2001	David D. Demarest	89242A	2513

TITLE OF INVENTION: SUTURE CUTTING SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	09/10/2004
EXAMINER		ART UNIT	CLASS-SUBCLASS		
DEXTER, CLARK, F		3724	264-138000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.36):

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
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## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

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Recorded: 08/08/1997

Reel/Frame: 3672224

Ethicon, Inc.

Somerville, NJ

 individual  corporation or other private group entity  government

Please check the appropriate assignee category or categories (will not be printed on the patent):

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 A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 10-0750 (enclose an extra copy of this form).

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08/31/2004 DTESEM2 00000098 100750 09776658

01 FC:1501 1330.00 DA  
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